

## 2006 Prescription Drug Benefits At A Glance

Medco administers the prescription drug benefits for PERS Choice and PERSCare plans. The following is a summary of the 2006 PERS Choice and PERSCare Prescription Drug Program.

	<b>Retail Pharmacy Program</b>	<b>Retail Pharmacy for Maintenance Medications After Second Fill</b>	<b>Mail Service Program</b>
<b>WHEN TO USE IT</b>	For a short-term or acute illness or condition, such as an ear infection, influenza or pneumonia	For a long-term or chronic condition, such as, arthritis, diabetes or high blood pressure	For a long-term or chronic condition, such as, arthritis, diabetes or high blood pressure
<b>YOU PAY (CO-PAYMENT)</b>	<ul style="list-style-type: none"> <li>• \$5 for each generic prescription</li> <li>• \$15 for each brand names prescription on the Preferred Drug List</li> <li>• \$45 for each brand name prescription not on the Preferred Drug List</li> <li>• \$30 for each brand name prescription not on the Preferred Drug List with an approved Partial Waiver of Non-Preferred Brand Drug Copayment</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for each generic prescription</li> <li>• \$25 for each brand names prescription on the Preferred Drug List</li> <li>• \$75 for each brand name prescription not on the Preferred Drug List</li> <li>• \$45 each brand name prescription not on the Preferred Drug List with an approved Partial Waiver of Non-Preferred Brand Drug Copayment</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for each generic prescription</li> <li>• \$25 for each brand names prescription on the Preferred Drug List</li> <li>• \$75 for each brand name prescription not on the Preferred Drug List</li> <li>• \$45 for each brand name prescription not on the Preferred Drug List with an approved Partial Waiver of Non-Preferred Brand Drug Copayment</li> </ul>
<b>DAYS SUPPLY LIMIT</b>	<p>PERS Choice: up to a 30-day supply</p> <p>PERSCare: Up to a 34-day supply</p>	<p>PERS Choice: up to a 30-day supply</p> <p>PERSCare: Up to a 34-day supply</p>	<p>PERS Choice and PERSCare: Up to a 90-day supply</p>
<b>ANNUAL MAXIMUM OUT-OF-POCKET</b>	None	None	\$1,000 per individual
<b>MEDCO MEMBER SERVICE</b>	<p>800-939-7091 (U.S.) 1-800-497-4641 (Outside the Continental U.S.)</p>		
<b>PARTIAL WAIVER OF NON-PREFERRED BRAND DRUG COPAYMENT</b>	<p>In order to obtain a partial waiver of non-preferred brand drug co-payment, you must request a waiver as described in the Evidence of Coverage document.</p>		